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Editorial
Belgian guidelines for safe regional anesthesia and obstetric anesthesia and analgesia

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In recent years, this journal has published Belgian recommendations related to obstetric anesthesia, anticoagulation, and regional anesthesia (1-4). These guidelines were always the result of an effective collaboration between the Society for Anesthesia and Resuscitation of Belgium (SARB), the Belgian Association for Regional Anesthesia (BARA), and the Belgian Professional Association of Specialists in Anesthesia and Resuscitation (BPASAR). In this issue, Belgian recommendations on the safe practice of regional anesthesia are published (ref), as a companion to the revised version of the Belgian guidelines for Obstetric Analgesia and Anesthesia (ref). The initiative of writing those two texts was endorsed by the BARA, and the guidelines were reviewed and endorsed by the BSAR and ABSAR.

For the writing of those two guidelines, a large group of Belgian specialists, both with an academic as well as a non-academic background were involved. Hence, the risk of intellectual or financial conflict of interest with pharmaceutical industry is very small. Each subsection of a guideline was written by one specialist from the group. It was then reviewed by all other group members. A large review of the literature was performed for each and every subsection of them.

Although several similar guidelines exist, emerging from different societies and published in other journals, each guideline has its own value (5-8). Local guidelines reflect local practice, and local legislation. Therefore, although similar, they are different and most likely complementary. Guidelines are made by experts in a specific field or subspecialty. Their goal is to enhance patient safety, and raise standards of practice to a higher level. The two guidelines published in this issue are devoted to both large referral and small or not so small community hospital practitioners. It is hoped that they will help clinicians improving their practice and persuading surgical/obstetric colleagues, and hospital administrations, to adapt policies for improving anesthesia care. It is also hoped that these guidelines will delineate a framework for appropriate staffing and appropriate training of supportive staff. They will help to convince hospital administrations to invest in adequate material and support.

Guidelines are never complete and become outdated. They need to be adapted to new scientific knowledge and updated. This is a continuous process !

The guidelines on obstetric anesthesia review preoperative assessment, equipment, aseptic technique, staffing, midwifery tasks, analgesia maintenance, monitoring, ambulation, fluid intake, Cesarean section, maternal and neonatal resuscitation, and high risk pregnancies. They were constructed from, and referenced to the literature. Recommendations received two types of grading. The first grading concerns strength of recommendation. A grading of 1 corresponds to a strong recommendation (the desirable effects of adherence to the recommendation will *clearly* outweigh the undesirable effects), while a grading of 2 corresponds to a weak recommendation (the desirable effects of adherence to the recommendation will *probably* outweigh the undesirable effects). The second type of grading ranges from A to D, and qualifies the quality of evidence found in the literature. Grade A corresponds to high quality, Grade B to moderate, C to low, and D to very low. In other words, Grade A represents the strongest scientific evidence (i.e. well conducted randomized controlled trials), while grade D is the weakest (expert opinion without available good scientific evidence).

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The guidelines on peripheral nerve blocks focus on different questions : patient information, preparation and monitoring, performing a peripheral nerve block, intravenous regional anesthesia, equipment for peripheral nerve blocks, and timing of the block.

Please read these guidelines carefully, understand what they are intended for, and implement them rationally. This will require changing your practice whenever needed, and convincing your surgeons/obstetricians, as well as your hospital administration. Hopefully, guidelines assist in doing just that ! The end result is safer and better patient care !

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